



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 6975

|   |   |                                      |   |  |
|---|---|--------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/526,713  | <b>FILING or 371(c) DATE</b><br>09/23/2005<br><b>RULE</b>   | <b>CLASS</b><br>604                  | <b>GROUP ART UNIT</b><br>3771   | <b>ATTORNEY DOCKET NO.</b><br>SPRUS55.002APC |
| <b>APPLICANTS</b><br>Timothy Roderick Dalkeith Scott, New South Wales, AUSTRALIA;<br>Veronica A Vare, New South Wales, AUSTRALIA;<br>Peter Puya Abolfathi, New South Wales, AUSTRALIA;<br>Gordon G. Wallace, New South Wales, AUSTRALIA;<br>Geoffrey M Spinks, New South Wales, AUSTRALIA;<br>Dezhi Zhou, New South Wales, AUSTRALIA; |   |                                      |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/AU03/01138 09/04/2003   |   |                                      |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>AUSTRALIA 2002951193 09/04/2002   |   |                                      |   |  |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>09/22/2006   |   |                                      |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /KRISTEN CLARETTE<br>Acknowledged MATTER/<br>Examiner's Signature  | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>AUSTRALIA | <b>SHEETS DRAWINGS</b><br>53  | <b>TOTAL CLAIMS</b><br>39                    |
| <b>INDEPENDENT CLAIMS</b><br>13   |   |                                      |   |  |
| <b>ADDRESS</b><br>KNOBBE MARTENS OLSON & BEAR LLP<br>2040 MAIN STREET<br>FOURTEENTH FLOOR<br>IRVINE, CA 92614<br>UNITED STATES  |   |                                      |   |  |
| <b>TITLE</b><br>Movement facilitation device  |   |                                      |   |  |
| <b>FILING FEE RECEIVED</b><br>2115  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |